



New Hampshire Employment Security CONTINUED CLAIM FORM



**BRING COMPLETED FOR TO YOUR NH LOCAL OFFICE OR MAIL COMPLETED FORM TO:
NHES BAU, PO Box 9506, Manchester NH 03108-9506**

☐ Check (✓) if this is a new mailing address

Name _____

Address _____

City _____ State _____ ZIP _____

SS#

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FOR THE CALENDAR WEEK ENDING ON SATURDAY: ____ / ____ / ____

(Check One ✓)

YES NO

1. Were you *available* for work? (*Being available for work means you could start new work or, if on temporary layoff, could return to work for your employer if/when asked.*) ☐ YES ☐ NO
2. Were you physically and mentally *able* to work? ☐ YES ☐ NO
3.
 - a. Did you refuse work or a referral to work? ☐ YES ☐ NO
 - b. Did you quit employment? ☐ YES ☐ NO
 - c. Were you discharged (fired) from employment? ☐ YES ☐ NO
4. Did you receive, or will you receive, holiday pay for a holiday that occurred during the week claimed? ☐ YES ☐ NO
 - a. If YES, please provide the total gross amount of the holiday pay. (*If you do not know your gross amount of holiday pay, leave blank, but your claim will not be paid until this department receives this information.*)
5. Did you work or perform any services, including self-employment, during the week claimed, regardless of whether or not you have yet been paid for the work or services? ☐ YES ☐ NO
 - a. If YES, provide the number of hours worked.
 - b. Provide your gross earnings (before taxes and deductions) for the week claimed. (*If you do not know your gross earnings, leave blank, but your claim will not be paid until you provide this information to this department.*)
 - c. Does the earnings amount you provided include the earnings from all employers you worked for during the week claimed? (*If you have not provided all earnings from all employers you worked for this week, your claim will not be paid until this department receives all information.*) ☐ YES ☐ NO
6. During the week claimed, did you receive any monies not previously reported to this department, other than wages for hours actually worked? ☐ YES ☐ NO

CERTIFICATION: *I understand the answers I give to the above questions may affect my rights to benefit payments. I certify that these statements are true and correct, and I am not claiming any benefits from any other unemployment program for the above week. I understand the law provides penalties for false statements.*

Claimant Signature*

Date

Telephone Number

***Your claim cannot be processed without your signature. Mail the completed form to the address above.**

NHES IS A PROUD MEMBER OF AMERICA'S WORKFORCE NETWORK AND NH WORKS. NHES IS AN EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT. AUXILIARY AIDES AND SERVICES ARE AVAILABLE TO INDIVIDUALS WITH DISABILITIES. TDD/TTY ACCESS: RELAY NH 1-800-735-2964

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